

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/868262

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		3		/		
5		/		/		
6		/		/		
7		2		/		
8		/		/		
9		0		/		
10	/		/			
11		/		/		
12		/		/		
13		/		/		
14		/		/		
15		/		/		
16		6		/		
17		6		/		
18		6		/		
19		6		/		
20		0		/		
21		/		/		
22		/		/		
23	/		/			
24		/		/		
25		2		/		
26		0		/		
27		0		/		
28		0		/		
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31		0		/		
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49						
50						
TOTAL IND.	4		3			
TOTAL DEP.	52		28			
TOTAL CLAIMS	56		31			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS